

INSTRUCTIONS

The U.S. Department of State records on Exchange Visitor Program Sponsors must be up-to-date. From time to time, lists of Program Sponsors, their addresses, names of personnel authorized to sign the DS-2019 (formerly IAP-66), (Responsible Officers and/or Alternate Responsible Officers) are provided to U.S. Consuls and Immigration Officers so that they may verify the validity of DS-2019 forms presented to them. If records are not up-to-date, it is possible that a U.S. Consul or Immigration Officer might refuse to accept a DS-2019 (formerly IAP-66).

THIS FORM SHOULD BE FILLED OUT AS FOLLOWS:

Enter the Program Number as it appears in the U. S. Department of State records, followed by the name of the institution/organization as it is currently recorded. (Do not use Roman numbers in the Program Number).

- 1-4. Enter any appropriate changes of program address, telephone number, fax number, and/or Responsible Officer.
5. Enter any changes in Alternate Responsible Officer(s). (Indicate names(s) of previous Alternate Responsible Officer(s), if replacing).

PLEASE INCLUDE A CITIZENSHIP CERTIFICATION FOR EACH RESPONSIBLE AND ALTERNATE RESPONSIBLE OFFICER

I hereby certify that I am the responsible (*or alternate*) officer for this program, and that I am a citizen of the United States (or a person lawfully admitted to the United States for legal permanent residence).

_____ (*Name of organization*) agrees that my inability to substantiate my citizenship or status as a legal permanent resident will result in the immediate withdrawal of its designation and the immediate return of or account for all DS-2019 forms transferred to it (22 CFR 62.2).

I also understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both."

Signed in ink (*Name*) _____ (*Print Name*) _____

Title _____

Subscribed and sworn to before me this _____ day of _____ NOTARY PUBLIC

6. If you wish to receive a supply of DS-2019 forms, indicate the number of forms. If an increase in program levels is requested, please provide a letter of explanation for the increase.
- 7-8-9. Indicate the number of additional copies of this form, Codes for Educational and Cultural Exchange or the Exchange Visitor Program brochure requested.
10. If you desire, you may request that the Exchange Visitor Program indicated on this form be cancelled. (Cancellation of an Exchange Visitor Program by the sponsor will not preclude the establishment of a new program at a later date.)

PLEASE RETURN FORM TO

Office of Exchange Coordination and Designation
Bureau of Educational and Cultural Affairs
U.S. Department of State, SA-44 Room 734
Washington, DC 20547

* Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, public and private organizations. The information is to be used in evaluating prospective Exchange Visitor Program sponsors. Responses are mandatory. An Agency/or organization may not conduct or sponsor, and the respondent is not required to respond to, a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average one (1) hour per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden to: A/RPS/DIR, U.S. Department of State, Washington, DC 20520.



OFFICE OF EXCHANGE COORDINATION AND DESIGNATION
UPDATE OF INFORMATION ON EXCHANGE VISITOR PROGRAM SPONSOR

Exchange Visitor Program Number: _____

Program Sponsor Name: _____

1. Change the name of the Program sponsor from the above to: _____
(New Articles of Incorporation designating legal name change must be submitted with request.)

2. Change the address of the Program Sponsor

FROM:

TO:

3. () Change the telephone number from: _____ to _____

() Change the fax number from: _____ to _____

CITIZENSHIP IS REQUIRED FOR EACH RESPONSIBLE AND ALTERNATE RESPONSIBLE OFFICER,
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4. () Change the Responsible Officer of the above program from: _____
to _____

5a Delete the following Alternate Responsible
Officer(s):

5b. Add the following Alternate Responsible
Officer(s):

(print or type name)

(print or type name and provide telephone number)

(print or type name)

(print or type name and provide telephone number)

(print or type name)

(print or type name and provide telephone number)

(print or type name)

(print or type name and provide telephone number)

6. () DS-2019 (formerly IAP-66) _____ (Indicate number).

**(PLEASE ALLOW FOUR TO SIX WEEKS
OR DISTRIBUTION OF FORMS (22 CFR 62.12(a))**

7. () DS-3037 (formerly IAP-87) _____ (Indicate number).

8. () Codes for Educational and Cultural Exchange: _____ (Indicate number).

9a. () Exchange Visitor Program "Welcome" brochure: _____ (Indicate number).

9b. () Au Pair Program Brochure _____ (Indicate number).

10. () Cancel the above named Exchange Visitor Program (*designated program sponsor*).

Signature of Responsible or Alternate Responsible Officer

Print Name

Title of Signing Officer

Date (mm-dd-yyyy)